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TO	Examiner Robert Kunemund
COMPANY	USPTO
FAX NUMBER	17038729306
FROM	John Wooldridge
DATE	2005-03-09 20:02:09 GMT
RE	IDS in 09/896,722

**COVER MESSAGE**

Dear Sir or Madam,

The Issue Fee must be paid on March 17, 2005. Therefore it is urgent that the attachments be forwarded to Examiner Robert Kunemund immediately.

John Wooldridge  
Attorney of Record  
808-875-0012

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Daniel Stearns et al.

Attorney Docket: CIL-10843

Serial No. : 09/896,722

Art Unit: 1765

Filed : June 29, 2001

Examiner: R. Kunemund

For : A Method To Repair Localized Amplitude  
Defects In A EUV Lithography Mask Blank

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**MAR 09 2005**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF FACSIMILE**

I hereby certify that the *attached* correspondence comprising:

1. Information Disclosure Statement;
2. Form 1449;
3. Fee Authorization (in duplicate); and
4. Certificate of Facsimile

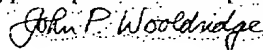
is being sent by facsimile transmission addressed to:

Examiner Robert Kunemund  
Fax number (703) 872-9306  
Commissioner for Patents  
Washington, D.C. 20231

on March 9, 2005

John P. Wooldridge

(Type or print name of person faxing paper)



(Signature of person faxing paper)

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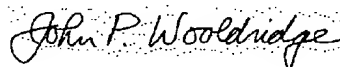
INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Forwarded herewith is an Information Disclosure Statement, Form-1449, in  
the above-identified application.

Respectfully submitted,



John P. Wooldridge  
Agent for Applicants  
Registration No. 38,725

Dated: March 9, 2005

FORM PTO-1449

Sheet 1 of 1

[illegible]